MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/566,796	1-31-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		1					62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19							69						
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30							80						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	⇩		⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	14	⇦		⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	18						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)